

09/680829

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09680829	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			/			
2				/			52		/				
3				/			53			/			
4				/			54			/			
5				/			55						
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41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48	/						98						
49							99						
50	/						100						
TOTAL IND.							TOTAL IND.	4		4			
TOTAL DEP.							TOTAL DEP.	49		53			
TOTAL CLAIMS							TOTAL CLAIMS	53		57			